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· (Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/926,280	01/09/2002	Ulf Ui f Bodin	214280US2PCT	1762

TITLE OF INVENTION: METHOD, SYSTEM AND ROUTER PROVIDING ACTIVE QUEUE MANAGEMENT IN PACKET TRANSMISSION SYTEMS SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	11/24/2006
EXA	MINER	ART UNIT	CLASS-SUBCLASS			
NGUYEN,	STEVEN H D	2616	370-412000			
Change of correspondence address or indication of "Fee Address" (37 FR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		 For printing on the patent front page, list the names of up to 3 registered patent attorneys or agents OR, alternatively, the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 		eys ¹	OBLON, SPIVAK,	
				era 2	& NEUSTADT, P.C.	
				to & NEUSTAD		

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE CARES UNITED) 00000030 09926280

(A) NAME OF ASSIGNEE

TELIASONERA AB

Farsta, SWEDEN 01 FC:1501

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🖵 Government

The state of the s	
a. The following fee(s) are submitted: Issue Fee	4b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 15-0030 (enclose an extra copy of this form).
Change in Entity Status (from status indicated should	overpayment, to Deposit Account Number 15=0030 (chelose an extra copy of this form).

Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

SFP 2 9 2006

Raymond F. Cardillo, Jr. Typed or printed name

Registration No. Reg. No. 40,440

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